

<b>REPORT OF DISCREPANCY (ROD)</b>				<b>1. DATE OF PREPARATION</b>		<b>2. REPORT NUMBER</b>	
<input type="checkbox"/> <b>SHIPPING</b> <input type="checkbox"/> <b>PACKAGING</b>							
<b>3. TO</b> (Name and address, include ZIP Code)				<b>4. FROM</b> (Name and Address, include ZIP Code)			
<b>5a. SHIPPER'S NAME</b>				<b>5b. NUMBER AND DATE OF INVOICE</b>		<b>6. TRANSPORTATION DOCUMENT NUMBER</b> (GBL, Waybill, TCN, etc.)	
<b>7a. SHIPPER'S NUMBER</b> (Purchase Order/Shipment, Contract, etc.)		<b>7b. OFFICE ADMINISTERING CONTRACT</b>		<b>8. REQUISITIONER'S NUMBER</b> (Requisition, Purchase Request, etc.)			
<b>9. SHIPMENT, BILLING, AND RECEIPT DATA</b>				<b>10. DISCREPANCY DATA</b>			
NSN/PART NUMBER AND NOMENCLATURE (a)	UNIT OF ISSUE (b)	QUANTITY SHIPPED/BILLED (c)	QUANTITY RECEIVED (d)	QUANTITY (a)	UNIT PRICE (b)	TOTAL COST (c)	CODE <sup>1</sup> (d)
<b>11. AC-<sup>2</sup> TION CODE</b>							
<b>12. REMARKS</b> (Continue on separate sheet of paper if necessary)							

1 DISCREPANCY CODES		2 ACTION CODES
CONDITION OF MATERIAL	PRODUCT QUALITY DEFICIENCIES	1A - Disposition Instructions requested ( <i>Reply on reverse</i> )
C1 - In condition other than that indicates on release/receipt document	Q1 - Deficient material ( <i>Applicable to Grant Aid and FMS shipments only</i> )	1B - Material being retained ( <i>See remarks</i> )
C2 - Expired shelf life	SHORTAGE OF MATERIAL	1C - Supporting supply documentation requested
C3 - Damaged parcel post shipment	S1 - Quantity less than that on receipt document	1D - Material still required expedite shipment ( <i>Not applicable to FMS</i> )
SUPPLY DOCUMENTATION	S2 - Quantity less than that requested ( <i>Other than unit of issue pack</i> )	1E - Local purchase material to be returned at supplier's expense unless disposition instructions to the contrary are received within 15 days ( <i>Reply on reverse</i> ) ( <i>Not applicable to FMS</i> )
D1 - Not received	S3 - Non-receipt of parcel post shipments	1F - Replacement shipment requested ( <i>Not applicable to FMS</i> )
D2 - Illegible or mutilated	ITEM TECHNICAL DATA MARKINGS ( <i>i.e., Name Plates, Log Books, Operating Handbooks, Special Instructions, etc.</i> )	1G - Reshipment not required. Item to be re-requisitioned.
D3 - Incomplete improper or without authority ( <i>Only when receipt cannot be properly processed</i> )	T1 - Missing	1H - No action required. Information only
MISDIRECTED MATERIAL	T2 - Illegible or mutilated	1Z - Other action requested ( <i>See remarks</i> )
M1 - Addressed to wrong activity	T3 - Precautionary operational markings missing	
OVERAGE/DUPLICATE SHIPMENTS	T4 - Inspection data missing or incomplete	
O1 - Quantity in excess of that on receipt document	T5 - Serviceability operating data missing or incomplete	
O2 - Quantity in excess of that requested ( <i>Other than unit of issue pack</i> )	T6 - Warranty data missing	
O3 - Quantity duplicates shipment	WRONG ITEM ( <i>Identify requested item as a separate copy in Item 9 above</i> )	
PACKING DISCREPANCY	W1 - Incorrect Item received	
P1 - Improper preservation	W2 - Unacceptable substitute	
P2 - Improper packing	OTHER DISCREPANCIES	
P3 - Improper marking	Z1 - See remarks	
P4 - Improper unitization		

<b>13. FUNDING AND ACCOUNTING DATA</b>	
<b>14a. TYPED OR PRINTED NAME, TITLE, AND PHONE NUMBER OF PREPARING OFFICIAL</b>	<b>14b. SIGNATURE</b>
<b>15. DISTRIBUTION ADDRESSEES FOR COPIES</b>	

16. FROM:	17. DISTRIBUTION ADDRESSEES FOR COPIES
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18. TO:	<p>Use window envelope to mail this document. Insert name and address, including ZIP Code, starting one typing space below the left dot. Each address line must NOT extend beyond right dot. Address must not exceed four single space typing lines.</p>
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19. IN ACCORDANCE WITH NOTICE OF DISCREPANCY ON FACE OF THIS FORM:				
→ <i>Fold here</i>	a. MATERIAL <input type="checkbox"/> HAS BEEN <input type="checkbox"/> WILL BE SHIPPED	DOCUMENT NUMBER	b. <input type="checkbox"/> NO RECORD OF SHIPMENT. RESUBMIT REPORT TO PROPER OFFICE UNDER APPROPRIATE REGULATION.	
	c. <input type="checkbox"/> AN ADJUSTMENT IN BILLING HAS BEEN/WILL BE PROCESSED AS A: <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT	d. <input type="checkbox"/> INVOICE/BILL ATTACHED	e. <input type="checkbox"/> PROOF OF DELIVERY (Parcel Post Shipments) OR EVIDENCE OF SHIPMENT ENCLOSED.	
	f. <input type="checkbox"/> AN ADJUSTMENT IN BILLING FOR THE REPORTED DISCREPANCY WILL NOT BE PROCESSED FOR THE FOLLOWING REASON WHICH IS CITED IN THE INDICATED REGULATION.			
	(1) REASON FOR NOT PROCESSING	(2) PRESCRIBING REGULATION		
	(a) DISCREPANCY WAS NOT REPORTED WITHIN THE TIME FRAMES ALLOWED AND/OR	(a) CHAPTER 5 OF THE GSA HANDBOOK. DISCREPANCIES OR DEFICIENCIES IN GSA OR DOD SHIPMENTS, MATERIAL, OR BILLINGS (FPMR 101-26.8)		
	(b) DOLLAR VALUE DOES NOT MEET THE CRITERIA PRESCRIBED IN THE REGULATION OR AGREEMENT INDICATED IN 19f(2)	(b) CHAP. 2 AND/OR 7 OF DOD 4000.25-7-M, MILITARY STANDARD BILLING SYSTEM (MILSBILLS) AND/OR DD 1513, U.S. DOD OFFER AND ACCEPTANCE, AS APPLICABLE.		
20. THE FOLLOWING DISPOSITION IS TO BE MADE OF THE REFERENCED MATERIAL:				
a. <input type="checkbox"/> PROCESSED FOR DISPOSAL IN ACCORDANCE WITH SERVICE/AGENCY DIRECTIVES.	b. <input type="checkbox"/> REPRESENTATIVE WILL CALL FOR DISCUSSION CONCERNING DISPOSITION IN:		DAYS	
c. <input type="checkbox"/> RETAIN MATERIAL AT NO CHARGE.	d. <input type="checkbox"/> MATERIAL WILL BE PICKED UP IN:		DAYS	
e. <input type="checkbox"/> SHIP MATERIAL (Specify location):				
(1) <input type="checkbox"/> GBL APPROPRIATION CHARGEABLE: (2) <input type="checkbox"/> CHARGES COLLECT-VIA: <input type="checkbox"/> FREIGHT <input type="checkbox"/> EXPRESS <input type="checkbox"/> PARCEL POST (\$ _____ postage advanced herewith. (3) <input type="checkbox"/> PARCEL POST LABEL ATTACHED (4) <input type="checkbox"/> FREIGHT PREPAID <i>NOTE: Please enclose postage. Material cannot be returned Parcel Post collect.)</i>				
f. <input type="checkbox"/> OTHER (Specify)				
21. <input type="checkbox"/> IF MATERIAL IS STILL REQUESTED, SUBMIT NEW REQUISITION	22. <input type="checkbox"/> REPLACEMENT WITH SATISFACTORY MATERIAL WILL BE MADE ON OR BEFORE:		DATE	
23. REMARKS (Continue on separate sheet of paper if necessary)				

24a. TYPED OR PRINTED NAME AND PHONE NUMBER OF PREPARING OFFICIAL	24b. SIGNATURE	24c. DATE
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